



**2013**

# **Corporation License Tax ATS Packet**

October 18, 2013

## Montana Pass-Through Entity MeF Testing Overview

For TY2013 the Montana Department of Revenue has changed the process on how the Corporation License Tax (CLT-4) will be tested. In prior years our test packet included completed returns. For TY2013 we have transitioned to criteria based test packet. It is our intention that changing testing methods will allow for a more thorough test of both the vendors software and the departments processing system.

This test packet includes five tests for the Montana CLT-4 return

The following pages will include the test return information as well as a matrix of the line items on the Montana pass-through returns. This matrix includes an “X” for the line that we would like to see completed. What information is submitted will be left up to the vendor. This matrix includes the minimum amount of information we expect to see on the return. If you would like to test additional information please feel free to do so.

When submitting test returns to the department please send an email to [DORMeF@mt.gov](mailto:DORMeF@mt.gov) containing the following information.

- Submission ID numbers for all the test returns
  - Software company name
  - Software product name
  - ETIN
  - Electronic PDF copies of the test cases
    - Please include your ETIN and test return number in the file name
- Example: **12345Test2.pdf**

Once the department receives the above notification and returns a tester will be scheduled to review the returns. It is our intention to review all the test returns within three (3) days of receipt. After the returns are reviewed the department will send a compares document identifying the items that need to be corrected. After making corrections please resubmit all the test cases for that tax type. As long as your test returns do not change, new PDF copies of the returns would not be required when resubmitting your test returns.

## Test #1

FEIN: 11-0000001  
Name: Helpful Hardware  
Address: 148 Main St.  
White Plains, NY 100605  
Name Control: HELP

**Initial Return** box should be checked  
Federal Business Code/NAICS should be **232568**  
State Incorporated should be in **DE** on **1/1/2000**  
Date Qualified in Montana should be **1/1/2004**  
MT Secretary of State ID should be **F123456**

### Part I – Filing Method

1. Unchecked
2. Check 'Yes' box
3. Check 'Yes' box  
1 entity active
4. Check 'Domestic Combination' box
- 5a. Same name as above
- 5b. Same FEIN as above

**Part II – Amended Return Only. Mark all that apply**  
Not applicable to this test. Leave all boxes unchecked.

### Part III – General Questions. All questions must be answered.

- a. Hardware Store
- b. Check 'Yes' box  
Leave second part of question blank
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'No' box
- f. Check 'No' box
- g. Check 'No' box
- h. Check 'No' box
- i. Leave both boxes unchecked
- j. Check 'No' box
- k. Check 'Yes' box
- l. Check 'No' box

### Part IV – Reporting of Special Transactions

- a. Check 'No' box
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'Yes' box
- e. Check 'No' box

## Test #2

FEIN: 11-0000002  
Name: Hideaway Oil  
Address: 3943 W. Elm St.  
Irving, TX 75061  
Name Control: HIDE

**Final Return** box should be checked

Federal Business Code/NAICS should be **548311**

State Incorporated should be in **NV** on **1/1/1993**

Date Qualified in Montana should be **1/1/2002**

MT Secretary of State ID should be **F458783**

### Part I – Filing Method

1. Unchecked
2. Check 'Yes' box
3. Check 'Yes' box  
3 entities active
4. Check 'Worldwide Combination' box
- 5a. Same name as above
- 5b. Same FEIN as above

### Part II – Amended Return Only. Mark all that apply

Not applicable to this test. Leave all boxes unchecked

### Part III – General Questions. All questions must be answered.

- a. Petroleum Distribution
- b. Check 'No' box
- c. Check 'Yes' box  
Check 'Withdrawn' box. July 15, 2011
- d. Check 'No' box
- e. Check 'No' box
- f. Check 'No' box
- g. Check 'Yes' box  
John Brown 75%
- h. Check 'No' box
- i. Check 'No' box
- j. Check 'Yes' box
- k. Check 'Yes' box
- l. Check 'No' box

### Part IV – Reporting of Special Transactions

- a. Check 'Yes' box
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'Yes' box

**Test #3**

FEIN: 11-0000003  
Name: Anywhere Anytime Personnel  
Address: 11125 W. Burleigh St.  
Milwaukee, WI 53222  
Name Control: ANYW

**Amended Return** box should be checked

Federal Business Code/NAICS should be **128943**

State Incorporated should be in **TX** on **2/7/1984**

Date Qualified in Montana should be **1/1/1996**

MT Secretary of State ID should be **F957484**

**Part I – Filing Method**

1. Unchecked
2. Check 'Yes' box
3. Check 'Yes' box  
2 entities active
4. Check 'Water's Edge' box
- 5a. Same name as above
- 5b. Same FEIN as above

**Part II – Amended Return Only. Mark all that apply**

Check boxes 'a' and 'd'

**Part III – General Questions. All questions must be answered.**

- a. Payroll Services
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'Yes' box  
December 31, 2005 expires November 15, 2012
- f. Check 'Yes' box  
December 31, 2007 through December 31, 2009
- g. Check 'No' box
- h. Check 'No' box
- i. Check 'No' box
- j. Check 'No' box
- k. Check 'No' box
- l. Check 'Yes' box  
People Pushers, Inc. 100%

**Part IV – Reporting of Special Transactions**

- a. Check 'No' box
- b. Check 'No' box
- c. Check 'Yes' box
- d. Check 'Yes' box
- e. Check 'No' box

#### **Test #4**

FEIN: 11-0000004  
Name: Mail Done Right  
Address: PO Box 382  
Helena, MT 59601  
Name Control: MAIL

**Refund Return** box should be checked  
Federal Business Code/NAICS should be **478915**  
State Incorporated should be in **MT** on **3/31/2008**  
Date Qualified in Montana should be **3/31/2008**  
MT Secretary of State ID should be **F641284**

#### **Part I – Filing Method**

1. Unchecked
2. Check 'No' box
3. Check 'No' box
4. Check 'Separate Company' box
5. Leave blank

#### **Part II – Amended Return Only. Mark all that apply**

Not applicable to this test. Leave all boxes unchecked

#### **Part III – General Questions. All questions must be answered.**

- a. Postal Services
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'No' box
- f. Check 'No' box
- g. Check 'No' box
- h. Check 'No' box
- i. Check 'No' box
- j. Check 'No' box
- k. Check 'No' box
- l. Check 'No' box

#### **Part IV – Reporting of Special Transactions**

- a. Check 'No' box
- b. Check 'Yes' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'No' box

## Test #5

FEIN: 11-0000005  
Name: Interspace Industrial Design  
Address: 1978 Maple St  
Glendive, MT 59330  
Name Control: INTE

**Amended Return** and **Refund Return** boxes should be checked  
Federal Business Code/NAICS should be **585589**  
State Incorporated should be in **MT** on **2/1/2004**  
Date Qualified in Montana should be **2/1/2004**  
MT Secretary of State ID should be **F445681**

### Part I – Filing Method

1. Unchecked
2. Check 'No' box
3. Check 'No' box
4. Check 'Separate Accounting' box
5. Leave blank

### Part II – Amended Return Only. Mark all that apply

- a. Check box 'b'. Type '2011' on line

### Part III – General Questions. All questions must be answered.

- a. General Contracting
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'No' box
- f. Check 'No' box
- g. Check 'No' box
- h. Check 'No' box
- i. Check 'No' box
- j. Check 'No' box
- k. Check 'No' box
- l. Check 'No' box

### Part IV – Reporting of Special Transactions

- a. Check 'No' box
- b. Check 'No' box
- c. Check 'No' box
- d. Check 'No' box
- e. Check 'No' box